

**CLAIMS ONLY**

**Application Number**

**Filing Date**

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1.							51					
2.							52					
3.							53					
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45.							95					
46.							96					
47.							97					
48.							98					
49.							99					
50.							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					